

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	3		2		1	
6	8		3		1	
7	8		3		1	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11	/		/		/	
12	/		/			
13	/		/			
14	/		/			
15	2		2		1	
16	/		/			
17	1		0			
18	4		0			
19	3		0			
20						
21	0					
22						
23					1	
24						1
25						1
26						1
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28	1					
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49						
50						
TOTAL IND.					5	
TOTAL DEP.					15	
TOTAL CLAIMS	22	20	20	20	20	20

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	22	20	20	20	20	20

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS